

Case Number:	CM14-0217490		
Date Assigned:	01/07/2015	Date of Injury:	08/04/2010
Decision Date:	03/04/2015	UR Denial Date:	12/21/2014
Priority:	Standard	Application Received:	12/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53-year-old female with a work related continuous trauma injury dated 08/04/2010 while working as a front office coordinator. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a primary physician's progress report dated 11/14/2014, the injured worker presented with complaints of neck pain and stiffness, right arm pain, and feeling unbalanced. The patient has had dizziness. Physical examination revealed tenderness on palpation, muscle spasm and positive Spurling sign and limited range of motion. Diagnoses included cervical sprain/strain and disc protrusion at C5-6 with neuroforaminal narrowing. Treatments have consisted of physical therapy, chiropractic, acupuncture, and medications. Diagnostic testing included MRI of the cervical spine on 06/06/2014 which showed stable mild central stenosis at C5-6, moderate bilateral foraminal stenosis at C5-6 with bilateral C6 nerve compression, and persistent pattern of diffuse enlargement of both thyroid lobes. Electromyography and nerve conduction studies on 05/14/2014 showed bilateral median neuropathy at the wrist, moderate on the right and mild on the left. Work status is noted as permanent and stationary. The medication list include Lithium, Tramadol, Ambien and Motrin. The patient has had no chest pain, palpitation, or syncope and other cardiovascular symptoms. The patient has had bipolar condition since 30 years. The orthopedic spine surgeon has recommended cervical discectomy. However, the provided records do not document that this surgery has been certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cardiac clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, IME and consultations.

Decision rationale: Request: Cardiac clearance
MTUS Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations
PubMed 2014 ACC/AHA guideline on perioperative cardiovascular evaluation and management of patients undergoing non-cardiac surgery: a report of the American College of Cardiology/American Heart Association Task Force on practice guidelines. AUFleisher LA, Fleischmann KE, Auerbach AD, Barnason SA, Beckman JA, Bozkurt B, Davila-Roman VG, Gerhard-Herman MD, Holly TA, Kane GC, Marine JE, Nelson MT, Spencer CC, Thompson A, Ting HH, Uretsky BF, Wijeyesundera DNSOJ Am CollCardiol. 2014;64(22):e77. Per the cited guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. According to a primary physician's progress report dated 11/14/2014, the injured worker presented with complaints of neck pain and stiffness, right arm pain, and feeling unbalanced. The patient has had dizziness. Diagnostic testing included MRI of the cervical spine on 06/06/2014 which showed stable mild central stenosis at C5-6, moderate bilateral foraminal stenosis at C5-6 with bilateral C6 nerve compression. Electromyography and nerve conduction studies on 05/14/2014 showed bilateral median neuropathy at the wrist, moderate on the right and mild on the left. There was no evidence of radiculopathy. The provided records do not document that the cervical disectomy surgery has been certified/ authorized. Per the conversation of a peer reviewer with one of the treating providers, the pt had a BBB (bundle branch block). However, a copy of a EKG showing a bundle branch block was not specified in the records provided. If the pt has been seen by a cardiologist, a note of that evaluation along with recommendations was not specified in the records provided. The patient has had no chest pain, palpitation, or syncope. A detailed history and physical examination related to the dizziness and unsteady gait was not specified in the records provided. The medical necessity of the request for a cardiac clearance is not fully established given the records submitted.

Holter monitor: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed 2014 ACC/AHA guideline on perioperative cardiovascular evaluation and management of patients undergoing noncardiac surgery: a report of the American College of Cardiology/American Heart Association Task Force on practice

guidelines. AU Fleisher LA, Fleischmann KE, Auerbach AD, Barnason SA, Beckman JA, Bozkurt B, Davila-Roman VG, Gerhard-Herman MD, Holly TA, Kane GC, Marine JE, Nelson MT, Spencer CC, Thompson A, Ting HH, Uretsky BF, Wijeyesundera DN S

Decision rationale: Request: Holter monitor ACOEM/CA MTUS and ODG do not address this request. Preliminary investigations for evaluation of dizziness like a recent CBC lab report and EKG report were not specified in the records provided. The patient has had no chest pain, palpitation, or syncope. A detailed history and physical examination related to the dizziness and feeling unbalanced, was not specified in the records provided. A detailed cardiovascular examination with significant findings was not specified in the records provided. Per the conversation of a peer reviewer with one of the treating providers, the pt had a BBB (bundle branch block). However, a copy of a EKG showing a bundle branch block was not specified in the records provided. If the pt has been seen by a cardiologist, a note of that evaluation along with recommendations was not specified in the records provided. A clinical note of the evaluating doctor clearly recommending a holter monitor along with rationale is not specified in the records provided. The medical necessity of the request for Holter monitor is not fully established in this patient.

Carotid ultrasound with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed Non-invasive imaging compared with intra-arterial angiography in the diagnosis of symptomatic carotid stenosis: a meta-analysis. Wardlaw JM, Chappell FM, Best JJ, Wartolowska K, Berry E, NHS Research and Development Health Technology Assessment Carotid Stenosis Imaging Group Lancet. 2006;367(9521):1503. PubMed Preoperative diagnosis of carotid artery stenosis: accuracy of noninvasive testing. AU Nederkoorn PJ, Mali

Decision rationale: Request: Carotid ultrasound The medical necessity of the request for Carotid ultrasound is not fully established in this patient. ACOEM/CA MTUS and ODG do not address this request. Preliminary investigations for dizziness including a CBC, complete metabolic panel, lithium levels, and EKG report were not specified in the records provided. The patient has had no chest pain, palpitation, or syncope. A detailed history and physical examination related to the dizziness and feeling unbalanced, was not specified in the records provided. A detailed cardiovascular examination with significant findings was not specified in the records provided. Any significant finding on physical exam that would require a carotid ultrasound(like a carotid bruit), is not specified in the records provided. It is noted in a conversation log, that a cardiologist has recommended a carotid ultrasound. The note of that cardiologist's evaluation along with the recommendations is not specified in the records provided. A clinical note of the evaluating doctor clearly recommending a carotid ultrasound, along with rationale, is not specified in the records provided. The medical necessity of the request for Carotid ultrasound is not fully established in this patient.